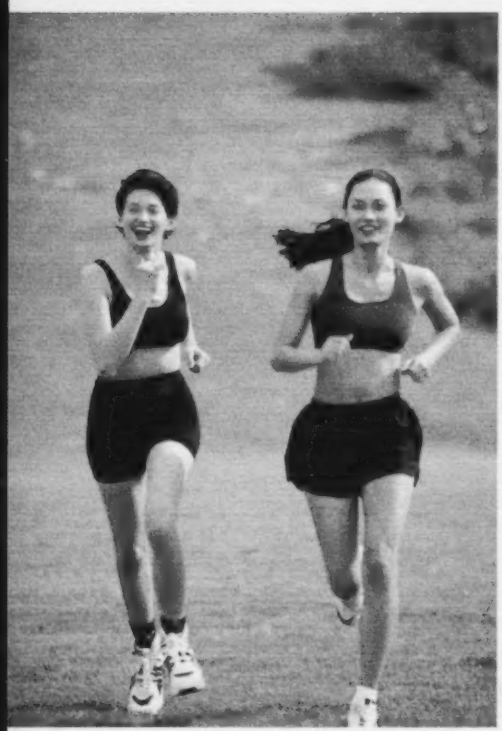
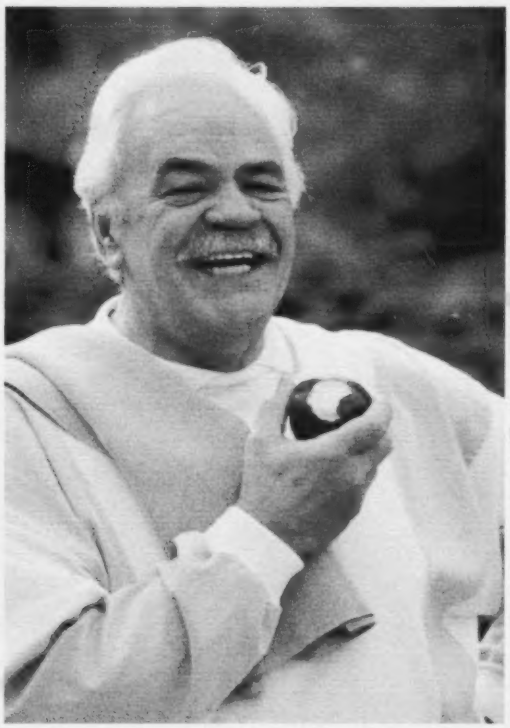
PEI Department of Health and Wellness





Business Plan 2012/13-2013/14

PEI Department of Health and Wellness

Business Plan 2012/13-2013/14

Honourable Doug Currie
Department of Health and Wellness
PO Box 2000
Charlottetown, PEI
C1A 7N8

Dear Minister,
It is my pleasure to submit the 2012/13 to 2013/14 Business Plan for the Department of Health and Wellness.

The plan was developed with widespread input from staff within the Department of Health and Wellness. The process was launched at a Department-wide staff planning session in December of 2011. Over the past three months our Senior Management team met on a regular basis to identify challenges and priorities; they did so with the full engagement of divisional working teams which were established to provide input and feedback as the plan was developed.

Key underlying themes of remaining mindful of fiscal realities and future sustainability, embracing technology, becoming more proactive, and developing a culture of innovation emerged during this process and are integral in our implementation strategy. The plan is centered on five key pillars: fulfilling our corporate mandate and legislative responsibilities; working with Health PEI; developing and implementing a comprehensive wellness strategy for the Province of PEI; working with the people of PEI; and, strengthening our internal organization.

Although there are many actions detailed in the plan, key items include a review and update of our Provincial Health Plan to lead health services in our Province, a review of legislation, the need for the Department to play a leadership role with partners in creating an enabling environment for wellness, the need for strategies relative to mental health and childhood obesity, and an alignment of human resources to support identified priorities. Finally, this plan emphasizes the need to work cooperatively with Islanders, Health PEI, and key stakeholders in our health care system in the coming months.

I would like to thank the staff of the Department who have worked diligently to develop this plan. I look forward to continuing this important work.

Respectively submitted,
Yours sincerely

Dr. Michael Mayne
Deputy Minister

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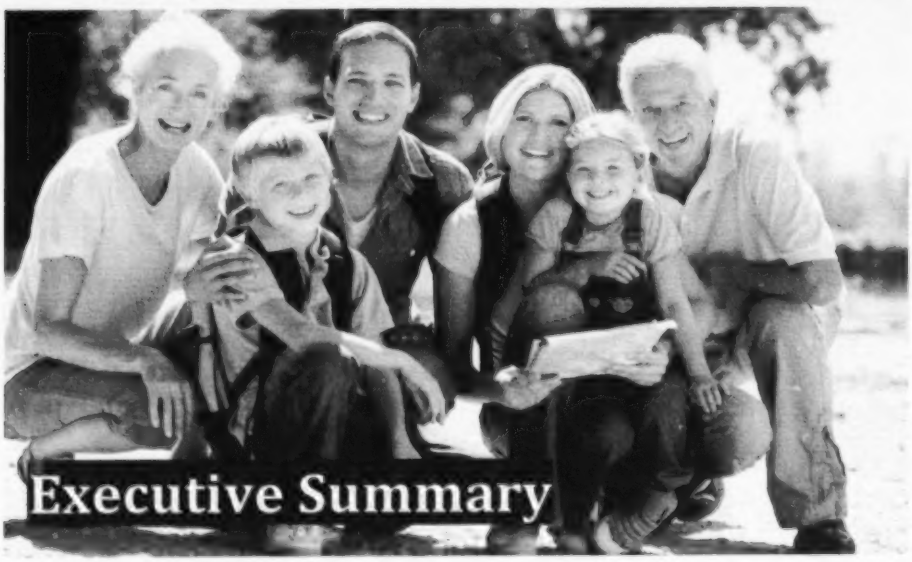


The Department of Health and Wellness experienced core structural and operational changes with the establishment of a new Crown Corporation, Health PEI, in July of 2010. In short, following this change, the Department became responsible for the policy and health care plan (which services) of Islanders and Health PEI is responsible for the delivery of health care services. Health PEI is overseen by a Board of Directors and day to day activities managed through its Chief Operating Officer.

The Department faces current challenges of increasing demands for healthcare services resulting from a more diversified and aging population base on PEI, increasing health service delivery costs, sustaining current universal access to healthcare, an accelerating pace of change in information and communications technology, and federal healthcare funding not matching the growth in public demand and new healthcare complexities.

This business plan was developed, with widespread input from staff within the Department of Health and Wellness, to address structural and operational changes as well as current challenges. Five broad themes or "Pillars" for action emerged after consultations with divisional working teams. Strategic priorities and action items were then aligned under these pillars. This approach provides a strong working template to help ensure Department-wide buy-in and successful implementation of the plan. It is expected that as the Department works through the implementation process, new action items will be identified.

The five key pillars on which the plan is centered are: (1) fulfilling our department mandate and legislative responsibilities; (2) working with Health PEI; (3) developing and implementing a comprehensive wellness strategy for the Province of PEI; (4) working with the people of PEI; and, (5) strengthening our internal organization.

Key duties of the Department include administration of the *Health Services Act*, as well as several other pieces of legislation, and ensuring the provision of health services in accordance with the Provincial Health Plan. Pillar #1 identifies the need to review and update the Provincial Health Plan to lead health services in our Province and the need to review legislation to assess areas of risk.

The creation of Health PEI (HPEI) was meant to allow for a more effective delivery and administration of operational health services. HPEI has undertaken the significant leadership task of health reform for Prince Edward Island. To date, many significant improvements have been made to our system and HPEI has led this transformation using initiatives now considered leading practices across Canada.

Under the restructuring, the Department of Health and Wellness continues to be responsible for providing fiscal leadership, policy and planning, legislation, public health and healthy living. Health PEI provides for the delivery of health care services, operation and management of health facilities, and related human and financial resources. In Pillar #2 the formalization of policies for interaction with Health PEI, establishment of external communication protocols, and development of an accountability framework are identified priorities.

The Provincial Strategy for Healthy Living was endorsed by the Provincial Government in 2002; however there is a need to revitalize a government strategy for weliness. Wellness is a shared responsibility between individuals, families, communities, schools, workplaces and governments and all play a role in successful implementation. Pillar #3 addresses the need for the Department to play a leadership role with partners in creating an enabling environment for wellness by building healthy public policy, developing wellness measurement tools and engaging Islanders in a philosophy that *"even small positive changes can make a difference in your health"*.

Over the past century, improvements in health and quality of life have made Canada one of the healthiest nations in the world. In many areas PEI is similar to the rest of Canada and has shown improvement over time. However, there are some areas which are concerning and require attention. While some risk factors like aging and genetics are inevitable, many risk factors can be modified or changed. Such modifiable risk factors include being overweight or obese, being physically inactive, and smoking. Pillar #4 addresses the need to work with the people of PEI to establish prevention and wellness as priorities and to ensure understanding of the cost and challenges related to sustainability of health care services.

During the past five years the Department of Health and Wellness has undergone several structural and leadership changes. The creation of Health PEI resulted in a number of staff who had been part of the Department moving to the new organization. Pillar #5 includes the need to strengthen the Department internally through improved communication and culture by providing opportunities for interaction and collaboration and recognizes the importance of aligning human resources to support the identified priorities.

As this plan is implemented over the next 24 months, key underlying themes will be integral to the process. These include remaining mindful of fiscal realities and future sustainability, embracing technology, becoming more proactive, and developing a culture of innovation. An implementation process, to be led by the Deputy Minister, has been developed to hold the Department accountable for achievement of the identified priorities. The Senior Management Team will oversee cross departmental working teams that will meet on a regular basis to measure progress, address challenges, and share best practices in achieving quarterly goals.

Introduction: Rising to the Challenge

Current Situation

During the past three years the Department of Health and Wellness has experienced core structural and operational changes. In July of 2010, a new Crown Corporation, Health PEI, was launched with responsibility for the operational administration of publicly funded health services for PEI. The Health PEI Board governs operations, ensuring that approved programs are delivered in accordance with direction from the Minister of Health and Wellness. In 2010 the former Department of Health became the Department of Health and Wellness, and Recreation and Sport was added as a responsibility.

In addition to the above noted structural and operational changes, the following are challenges the Department must contend with:

- ✓ A more diversified and aging population base in PEI has increased the demands for healthcare services.
- ✓ Health service delivery costs continue to take a larger proportion of a strained Province of PEI budget to support more complex delivery systems and a wider variety of new and emerging services.
- ✓ Our ability as a Province to sustain current universal access to healthcare is proving to be an unprecedented challenge.

- ✓ The pace of change due to information and communications technology continues to accelerate and impact everything from decision making capabilities to healthcare records and systems and efficient patient care.
- ✓ It is a matter of record that federal healthcare funding has not matched the growth in public demand and new healthcare complexities. This has resulted in increased pressure on PEI's healthcare system and the people that manage that system.

A Thorough Process with Department-Wide Input

This business plan was developed with widespread input from staff within the existing divisions of the Department of Health and Wellness. The process was launched at a Department-wide staff planning session held in December of 2011 where each division provided a summary of their divisional roles and priorities.

Following the Department-wide staff meeting the consultants held an initial meeting with the Senior Management team to discuss the purpose of the business plan and outline the process to develop the plan. The Directors were each asked to establish a divisional working team with the purpose of the team being to provide input and feedback in regards to the development of a business plan.

Each division created a team of five to seven individuals, representing various aspects of their division, to participate in team meetings with consultants to: (a) confirm strategic priorities; (b) identify opportunities and challenges; (c) review document drafts and summarized findings; and, (d) provide feedback throughout the process. Following this input and feedback the consultants worked with the Directors to finalize strategic priorities, opportunities, and challenges.

A draft document was prepared based on the input received from this round of consultation and was provided back to the Directors for further review and input by their divisional working committees. Meetings were held with the Senior Management team during February and March to review progress and provide feedback. Finally, the plan was presented to the full department staff in spring 2012.

The terms of reference specified the identification of priorities for the Department of Health and Wellness for the next 24 months along with associated action items. In addition, the plan will eventually include responsibility for implementation as well as a timeframe and milestones.

An overarching goal for this planning process has been to engage all staff in the development of the plan and to work towards a common understanding of priorities and actions. It is expected that the plan will be revisited and updated on a regular basis over the course of the next 24 months as the implementation process is completed.

The Structure of this Plan

After consultations with divisional working teams, a long list of challenges and potential priority actions for possible inclusion in the plan was developed. With a view towards moving away from a lengthy list of

actions, findings were analyzed and five leading areas for action emerged from this process. These broad themes are described in this document as our "Pillars". The five pillars are as follows:

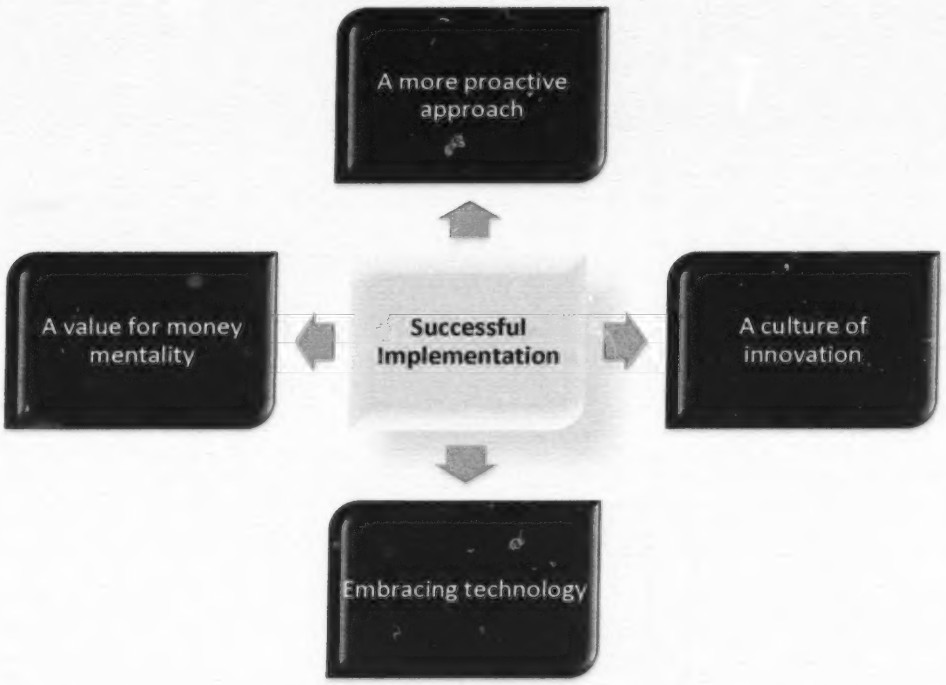
Pillar # 1	**Fulfilling Our Department Mandate and Legislative Responsibilities**
Pillar # 2	**Working with Health PEI**
Pillar # 3	**Developing and Implementing a Comprehensive Wellness Strategy for the Province of PEI**
Pillar # 4	**Working with the People of PEI**
Pillar # 5	**Strengthening Our Internal Organization**

Strategic priorities and action items were then aligned under these pillars. This approach provides a strong working template to help ensure Department-wide buy-in and successful implementation of the plan. It is expected that, as the Department works through the implementation process, new action items will be identified.

Four Key Underlying Themes

Several underlying themes were discussed during the consultations that should be considered as working teams are established to implement the plan. These themes do not necessarily reside in any single component of the plan; rather, they are integral to the process, as all other strategic priorities are addressed.

Figure 1: Summary of Four Key Underlying Themes for Successful Implementation of the Plan



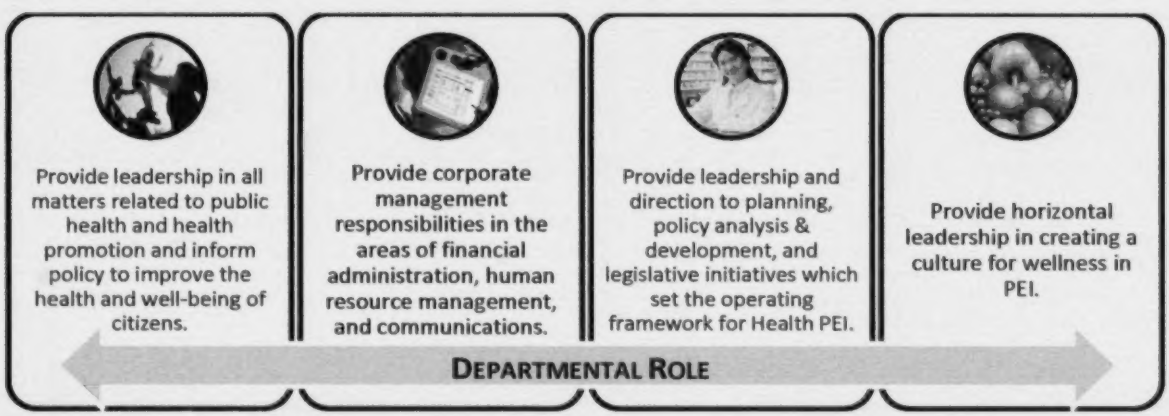
Firstly, the divisional working teams consistently and repeatedly emphasized the importance of a continual move to being more proactive and less reactive in the future. This plan embodies this proactive theme as actions have been developed to address emerging issues in a timely and organized manner. Secondly, the Department must remain mindful of fiscal realities and seek out opportunities in every part of our healthcare system to achieve value for money. Adapting to the development of technology must be an integral part of this plan. It is important to note, however, that with new technologies come significant change management issues which must be recognized and addressed. Finally, like any business or organization today, the Department must continue to innovate. It is important that innovation in the context of health be balanced with the need for evidence-based decision making, as based on national guidelines and the best information available. **As the pace of change continues to accelerate throughout the world in every conceivable sector, some organizations will fall behind while others will achieve new success. The degree to which success is achieved will be directly proportional to the creativity of the employees and management and the culture of innovation residing in the organization.** The development of a process to bring innovative ideas to the forefront is one of the recommended action items in this plan. There was a widespread consensus during staff consultations that a new and growing culture of innovation is both essential and exciting as the many emerging challenges are addressed and opportunities embraced in the next 24 months.

Pillar #1
Fulfilling Our Department Mandate and Legislative Responsibilities

Background

The mandate for the Department of Health and Wellness is established in the *Health Services Act* which charges the Department of Health and Wellness with responsibility for oversight of Health PEI and health services in PEI including establishing an accountability framework, standards for health services, performance targets, policy or guidelines for management of operations and delivery of health care services, and approval of Health PEI strategic plans, business plans and budgets. Key duties of the Department are administration of the *Health Services Act* and ensuring the provision of health services in the province in accordance with the Provincial Health Plan. The role of the department is summarized in Figure 2.

Figure 2: Departmental Role


Provide leadership in all matters related to public health and health promotion and inform policy to improve the health and well-being of citizens.
Provide corporate management responsibilities in the areas of financial administration, human resource management, and communications.
Provide leadership and direction to planning, policy analysis & development, and legislative initiatives which set the operating framework for Health PEI.
Provide horizontal leadership in creating a culture for wellness in PEI.
DEPARTMENTAL ROLE

Legislative Responsibility

In addition to the *Health Services Act* the Department of Health and Wellness must manage the legislative responsibility for the following acts and their regulations:

- *Adult Protection Act*
- *Change of Name Act*
- *Chiropractic Act*
- *Community Care Facilities and Nursing Homes Act*
- *Consent to Treatment and Health Care Directives Act*
- *Dental Profession Act*
- *Denturists Act*
- *Dietitians Act*
- *Dispensing Opticians Act*
- *Donation of Food Act*
- *Drug Cost Assistance Act*
- *Drug Product interchangeability and Pricing Act*
- *Health Services Act*
- *Health Services Payment Act*
- *Hospital and Diagnostic Services Insurance Act*
- *Hospitals Act*
- *Human Tissue Donation Act*
- *Licensed Practical Nurses Act*
- *Long-Term Care Subsidization Act*
- *Marriage Act*
- *Medical Act*
- *Mental Health Act*
- *Occupational Therapists Act*
- *Optometry Act*
- *Pharmaceutical Information Act*
- *Pharmacy Act*
- *Physiotherapy Act*
- *Provincial Health Number Act*
- *Psychologists Act*
- *Public Health Act*
- *Registered Nurses Act*
- *Smoke-free Places Act*
- *Tobacco Sales and Access*
- *Vital Statistics Act*
- *White Cane Act*

The Department also actively participates in a number of Federal/Provincial/Territorial (FPT) committees and other partnerships such as the Public Health Network Council and the Atlantic Health Quality and Patient Safety Collaboration.

Rationale for Priority Areas

Provincial Health Plan

During meetings with divisions of the Department of Health and Wellness it was identified that, although a Provincial Health Plan exists, the document is not as comprehensive as it should be and requires enhancement. A Provincial Health Plan is required by legislation to guide the delivery of health services in PEI.

Legislation Review

It was identified that there is an immediate need to review and update several pieces of legislation that fall under the Department's responsibility. It was indicated that some situations exist where the acts and regulations may not provide a mechanism for enforcement and thus open the province to risk. In addition, important pieces of legislation such as the *Public Health Act* have some components that have not been revised since they were written in 1951.

There are currently many unregulated health professions in PEI which have the potential to become regulated, including:

- Medical laboratory technologists
- Medical radiation technologists
- Naturopathic doctors
- Respiratory therapists
- Resident care workers
- Midwives
- Massage therapists
- Fitness instructors
- Recreational therapists

Many of these health professionals have approached government seeking regulation. Health professions legislation is a valuable tool for government in protecting Islanders by ensuring these professionals are competent in their skills and services. Preparing and maintaining stand-alone legislation and regulation for every regulated health profession has proven to be inefficient in other regions. Across Canada, many jurisdictions have taken an umbrella legislation approach to supporting those health professions seeking regulation.

Other challenges indentified included the current disparity between public and private systems for nursing homes. The Corpus Sanchez report identified this disparity as follows: *"There is no single legislative framework under which all long-term care facilities operate and there is no legislation at all governing care delivered in public manors. These facilities report through the government's bureaucratic structures and the oversight function appears to be considerably less than that applied to the private sector. The privately operated community care facilities and nursing homes are governed by the Community Care Facilities and Nursing Homes Act, which has not been updated in more than 20 years. It provides for annual inspections by a Department of Health and Wellness official which includes licensing, building construction, safety, health and social rights and general operation and administration."*[1]

Fiscal and Corporate Management

The Department's corporate management responsibilities in the area of fiscal management include preparing departmental budgets and monitoring or reviewing Health PEI budget forecasts and financial results. Other corporate management responsibilities include human resource management and communications. In a time of fiscal restraint and a weakened economy, accompanied by an ever-increasing pace of change, this role becomes even more challenging. Implementation of this business plan will have impacts on this role.

[1] An Integrated Health System Review in PEI, A Call to Action: A Plan for Change, October 2008. Corpus Sanchez International Consultancy.

Strategic Priorities and Key Actions

To address the existing challenges and prepare for the future, several key priorities must be accomplished over the next 24 month period. The strategic priorities identified for this pillar represent the backbone of this plan and impact all other pillars. These are identified in Figure 3.

Figure 3: Strategic Priorities for Pillar #1 Fulfilling Our Department Mandate and Legislative Responsibilities

Strategic Priorities for Fulfilling Our Department Mandate and Legislative Responsibilities

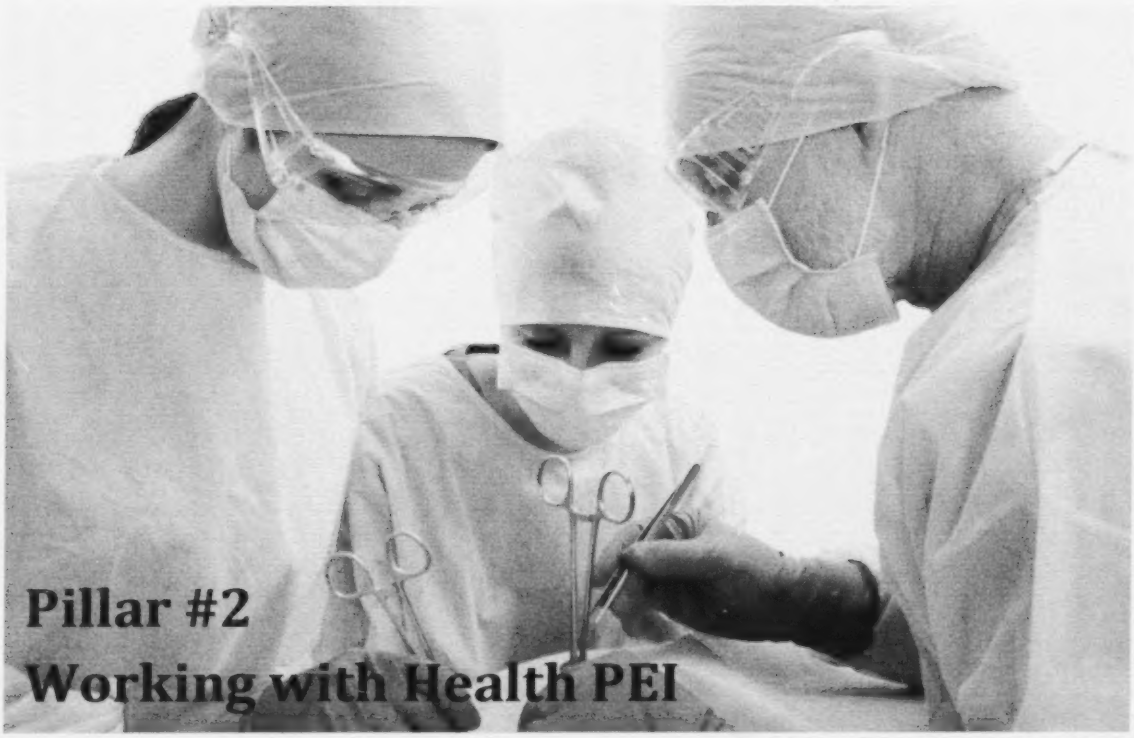
- ☑ **Fulfill Department mandate.**
- ☑ **Conduct a risk assessment of all legislation and identify priority areas.**
- ☑ **Carry out the Department's corporate management responsibilities in the areas of financial administration, human resource management, and communications, especially as these functions relate to the implementation of this plan.**

In addition to the strategic priorities, several key actions were identified by the divisions that are currently being addressed or have been identified as divisional priorities. These key action items are included in Figure 4.

Figure 4: Key Action Items for Pillar #1 Fulfilling Our Department Mandate and Legislative Responsibilities

Proposed Key Action Items for Fulfilling Our Department Mandate and Legislative Responsibilities

- ☑ **Review and update the Provincial Health Plan. This should include: (1) Principles upon which the provision of health services are to be based; (2) Goals, objectives and priorities for the provision of health services; (3) Health PEI health services and operation of health facilities; and, (4) Comprehensive financial plan including allocation of financial, material, and human resources.**
- ☑ **Engage stakeholders such as partners and the public in development of the Provincial Health Plan.**
- ☑ **Communicate the Provincial Health Plan to Department staff and Health PEI to ensure clear understanding.**
- ☑ **Review and update the Public Health Act and regulations.**
- ☑ **Develop "umbrella" legislation for the regulation of health professionals which allows for the addition of new professions.**
- ☑ **Update existing legislation for any impact on scope of practice resulting from establishment of "umbrella" legislation.**
- ☑ **Conduct a comprehensive legislation/regulatory review for community care facilities and public nursing homes.**
- ☑ **Develop a process for routine review of legislation.**
- ☑ **Complete PEI Pharmacare Policy Framework renewal including: (1) reviewing and potential redesigning of 27 existing drug programs; (2) developing a more process oriented approach for adding or removing drugs from the formulary; (3) exploring the impact of the move from patented drugs to generic drugs on the drug program budget and local pharmacies; and, (4) re-negotiating the PEI Pharmacy Association services agreement.**
- ☑ **Continue with enhancement to the Food Safety Program in response to the Auditor General's report.**
- ☑ **Complete Vital Live Events Project.**
- ☑ **Conduct a comprehensive multi-department review of mental health and addictions.**



Pillar #2
Working with Health PEI

Background

In 2008, a province-wide review of the health system identified a variety of opportunities for improvement including a new health care services governance model which resulted in the re-establishment of an arms-length governing entity with a global budget and authority to deliver services in accordance with Department of Health and Wellness policy, plans, and overall direction. Government acted on this recommendation in 2009 via the *Health Services Act* that established a Crown corporation to be known as Health PEI with responsibility for the operational administration of publicly funded health services for PEI. A Provincial Health Plan, required by legislation, guides the delivery of health services in PEI.

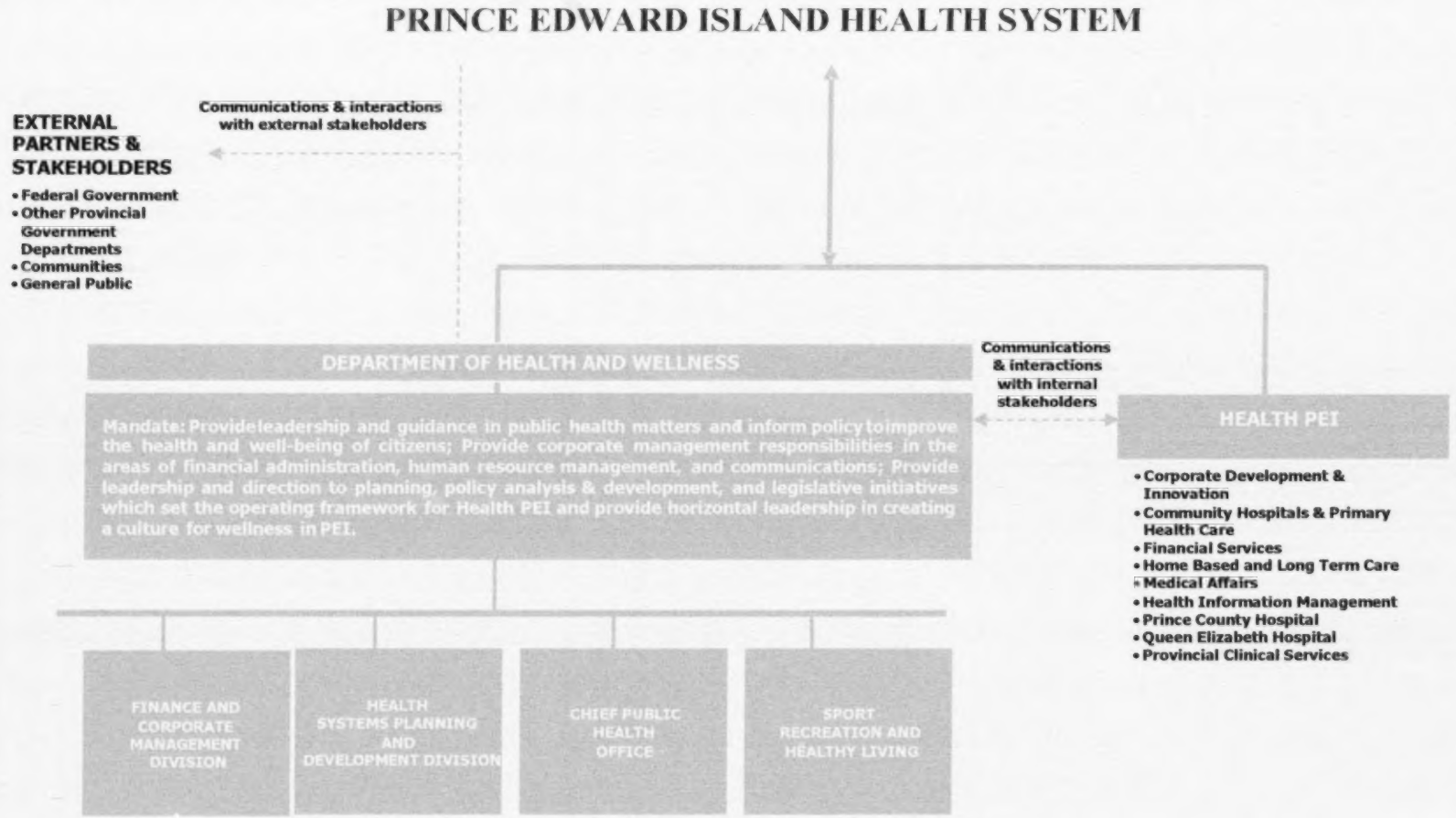
Under the *Health Services Act* the Minister is given many powers for the provision of health services in PEI:

- Establish standards for health services provision
- Establish performance targets for Health PEI
- Establish policies or guidelines for management of operations and delivery of health services
- Make capital expenditures for the construction or renovation of a health facility or the supply of equipment for a health facility
- Operate information systems relating to health services
- Monitor patterns and results in the health system to evaluate the effectiveness of Health PEI

- Establish an accountability framework that describes the roles and responsibilities of the Department and Health PEI in relation to each other within the provincial health system
- Approve the business plan and budget of Health PEI on an annual basis
- Approve, every three fiscal years, a strategic plan and a public engagement strategy for Health PEI
- Establish a negotiation committee for conducting bargaining and entering into collective agreements to govern employment by Health PEI
- Establish quality improvement committees

One major step in achieving the vision of "One Island Health System" was the reorientation and reorganization of the PEI health system's administrative and regulatory structures. The creation of Health PEI was meant to allow for a more effective delivery and administration of operational health services. Under the restructuring, the Department of Health and Wellness continues to be responsible for providing fiscal leadership, policy and planning, legislation, public health and healthy living. Health PEI provides for the delivery of health care services, operation and management of health facilities, and related human and financial resources. As demonstrated in Figure 5, a strong, continuous flow of communication and interaction is required between the Department and Health PEI to effectively deliver and administer health services in PEI.

Figure 5: Department of Health and Wellness Functional Organizational Chart


PRINCE EDWARD ISLAND HEALTH SYSTEM
EXTERNAL PARTNERS & STAKEHOLDERS
• Federal Government
• Other Provincial Government Departments
• Communities
• General Public
Communications & interactions with external stakeholders
DEPARTMENT OF HEALTH AND WELLNESS
Mandate: Provide leadership and guidance in public health matters and inform policy to improve the health and well-being of citizens; Provide corporate management responsibilities in the areas of financial administration, human resource management, and communications; Provide leadership and direction to planning, policy analysis & development, and legislative initiatives which set the operating framework for Health PEI and provide horizontal leadership in creating a culture for wellness in PEI.
Communications & interactions with internal stakeholders
HEALTH PEI
• Corporate Development & Innovation
• Community Hospitals & Primary Health Care
• Financial Services
• Home Based and Long Term Care
• Medical Affairs
• Health Information Management
• Prince County Hospital
• Queen Elizabeth Hospital
• Provincial Clinical Services
FINANCE AND CORPORATE MANAGEMENT DIVISION
HEALTH SYSTEMS PLANNING AND DEVELOPMENT DIVISION
CHIEF PUBLIC HEALTH OFFICE
SPORT RECREATION AND HEALTHY LIVING

Rationale for Priority Areas

Policy Direction

The *Health Services Act* establishes the Department as the policy lead to direct the activities of Health PEI. The Minister may, among other powers, establish standards for provision of health services and establish performance targets for Health PEI operations and policies or guidelines respecting management of operations and provision of services.

Interaction and Communication

Since July 2010, when Health PEI was launched, there has been ongoing interaction between the Department and Health PEI. However, many of the policies and interactions have not been formalized and are occurring based on informal relationships that have been established. With informal arrangements, when individuals change in positions there is a risk that some of the current linkages may disappear.

External Communication Protocols

There is a need for the Department to engage the public in discussion around the sustainability of our health care system. It is also important that the Department and Health PEI work together to establish external communication protocols to ensure consistent messaging.

Accountability Framework

The *Health Services Act* assigns the role of leadership and oversight of Health PEI to the Department of Health and Wellness and requires the development of an accountability framework for monitoring and assessing the performance of Health PEI. The Minister may monitor patterns and results in the health system to evaluate the effectiveness of Health PEI in respect of its responsibilities. It is important that the Department works with Health PEI to review existing key performance indicators (KPIs) and develop any new ones that are required to evaluate enhancement of patient care.

Strategic Priorities and Key Actions

To address the existing challenges and prepare for the future, several key priorities must be accomplished over the next 24 month period. These are identified in Figure 6.

Figure 6: Strategic Priorities for Pillar #2 Working with Health PEI

Strategic Priorities for Working with Health PEI

- ☑ **Work with Health PEI Board to develop policy and planning instruments that encourage health system sustainability.**
- ☑ **Formalize policies for internal interaction and communication between Health PEI and the Department of Health and Wellness.**
- ☑ **Work with Health PEI to review current KPI framework and develop new KPIs that encourage better care and value for Islanders.**

In addition to the strategic priorities, several key actions were identified by the divisions that are currently being addressed or have been identified as divisional priorities. These key action items are included in Figure 7.

Figure 7: Key Action Items for Pillar #2 Working with Health PEI

Proposed Key Action items for Working with Health PEI

- ☑ **Identify key areas where the Department should be proactive in providing leadership in the health system such as public health, wellness, and pharmacare and continue to provide policy research and development for health related services.**
- ☑ **Identify areas where communication between the Department and Health PEI are key and establish formal processes for two way communication on a regular basis.**
- ☑ **Work with Health PEI to develop key messages to the public.**
- ☑ **Work with Health PEI to identify areas where structural change, policy improvement, or management planning can improve health care services.**
- ☑ **Develop human resource planning information for the Health system and review recruitment best practices.**
- ☑ **Provide Health PEI information on the changing demographics of PEI and health surveillance and how it impacts health delivery.**

Pillar #3
Developing and Implementing a Comprehensive Wellness Strategy for the Province of PEI

Background

The Provincial Strategy for Healthy Living was endorsed by the Provincial Government in 2002 and is still referenced on the Department of Health and Wellness website; however, there is a need to revitalize government support for wellness. One Department alone cannot implement a wellness strategy for Islanders. Wellness is a shared responsibility between individuals, families, communities, schools, workplaces and governments and all components play a key role in successful implementation. A new wellness strategy is under development by the Sport, Recreation and Healthy Living Division.

Rationale for Priority Areas

Leadership Role with Partners and Creating an Enabling Environment

Jurisdictions throughout the world are facing significant challenges that impact the health and well-being of their citizens. One of the challenges expressed was that in the health system, the focus is often on treatment while the value and importance of prevention and wellness are not always recognized. A lack of focus on wellness in the general public and increased exposure to media marketing of high fat/high sugar food products may be contributing to obesity rates. Media messages that suggest addressing any and all health issues with medication rather than focusing on prevention have also contributed to a lack of focus on prevention by the general public. Socio-economic factors of high unemployment and low income combined with the higher cost of healthy foods, sport/activity

participation fees and distance to facilities in rural areas have also created barriers to wellness. Providing an enabling environment for individuals to address these barriers is an important aspect of creating a well population. Currently, government departments tend to operate in silos in regards to health and policy, and programs are designed without consideration of the impact they may have on the health of Islanders. If the general public is to take measures that will assist in maintaining a healthy lifestyle, the government – led by the Department of Health and Wellness – needs to be an enabler and do as much as possible to remove barriers. There needs to be a coordinated effort across all divisions and all departments of government in respect to addressing factors that impact health and wellness including:

- Immigration (demand for different activities, sports, education, health needs and re-emergence of diseases from other regions of the world)
- Mental health wellness
- Poverty
- Education (access to facilities, physical activity policy, access to school sport systems)
- Infrastructure (roads with ample shoulders, sidewalks, bicycle lanes, community facilities)
- Justice (safer communities)
- Agriculture (accessibility of local foods but also food safety issues with buy local initiatives and food from non-federally regulated facilities)

Working towards a healthy population will require a multi-faceted approach; however, it is an essential approach for the sustainability of our health system. There will be a need to work with children and their families through the establishment of policies and/or programs to improve breastfeeding rates and achieve healthy weights for children; a need to create healthier environments with engagement of communities, workplaces, schools and homes; and a need to launch pilot projects to support the wellness strategy. There may also be a need to provide incentives to motivate Islanders to adopt the philosophy that *"small positive changes can make a difference in your health"*.

Measurement of Progress

The inaugural *PEI Chief Public Health Officer's Report and Health Trends 2012* provides information to the public and to government to help guide personal and policy decisions moving forward to promote and protect the health of Islanders. Ongoing measurement of health indicators such as immunization rates, rates of communicable and chronic diseases, breastfeeding rates, and healthy weights will be required to measure progress towards achieving population health goals.

Strategic Priorities and Key Actions

To address the existing challenges and prepare for the future, several key priorities must be accomplished over the next 24 month period. These are identified in Figure 8.

Figure 8: Strategic Priorities for Pillar #3 Developing and Implementing a Comprehensive Wellness Strategy

Strategic Priorities for Developing and Implementing a Comprehensive Wellness Strategy for the Province of PEI

- ☑ **Initiate a leadership role in working with partners (communities, organizations, schools, workplaces and other government departments) to remove barriers to wellness for Islanders.**
- ☑ **Build healthy public policy and supportive environments for all government programs and projects.**
- ☑ **Engage Islanders in a "small positive changes can make a difference in your health" philosophy.**
- ☑ **Develop a process with health indicators to measure progress towards achieving population health goals.**

In addition to the strategic priorities, several key actions were identified by the divisions that are currently being addressed or have been identified as divisional priorities. These key action items are included in Figure 9.

Figure 9: Key Action Items for Pillar #3 Developing and Implementing a Comprehensive Wellness Strategy

Proposed Key Action Items for Developing and Implementing a Comprehensive Wellness Strategy for the Province of PEI

- ☑ **Develop and implement a Wellness Strategy which addresses the key priorities of healthy eating, physical activity, tobacco use, alcohol consumption, mental health and sport. Engage partners in the development process.**
- ☑ **Establish a mechanism to ensure cross-government support in implementation of the Wellness Strategy.**
- ☑ **Evaluate current initiatives to address wellness and modify as needed.**
- ☑ **Develop and launch pilot projects to support the Wellness Strategy that also include populations with special needs.**
- ☑ **Use existing research to develop a health impact assessment tool for all government programs and policies.**
- ☑ **Implement policies and/or programs to curb childhood obesity.**
- ☑ **Implement policies and/or programs to improve breastfeeding rates.**
- ☑ **Evaluate what new and innovative incentives would be of strategic importance in advancing an initiative to have all Islanders engaged in a *"small positive changes can make a difference in your health"* philosophy.**
- ☑ **Provide education to Islanders on small positive changes that can make a difference in their health and well being.**
- ☑ **Identify health indicators required to measure progress towards achieving population health goals.**

Pillar #4
Working with the People of PEI

Background

To date, the Department of Health and Wellness's external communication has not focused on explaining to the general public what a collaborative model of care means to their health service provision or the importance of a prevention and wellness focus to prevent or delay chronic diseases and reduce future health care costs.

Rationale for Priority Areas

Increased Proactiveness in Establishing Health Policy

The health system is currently being driven more by responding to public promotion of specific issues rather than the Department having the opportunity to define the health system based on changes in clinical practice guidelines, best practices and evidence-based research tailored to a PEI context.

The divisional working teams consistently and repeatedly emphasized the importance of a continual move to being more proactive and less reactive in the future.

Creating Realistic Public Expectations

The public has very high expectations for health care services in PEI and a very strong sense of entitlement to drugs, access and services, and multiple options on services. Society is demanding higher

standards, and universal availability of services provided in other provinces or regions. Often the size of our population leads to scalability challenges as we cannot leverage the same economies of scale as a larger province or region. Public expectations need to be more realistic about what can be delivered in the context of fiscal responsibility and sustainability in PEI.

Establishing Wellness as a Priority

"Over the past century, improvements in health and quality of life have made Canada one of the healthiest nations in the world. In many areas PEI is similar to the rest of Canada and has shown improvement over time. However, there are some areas which are concerning and require attention. While some risk factors like aging and genetics are inevitable, many risk factors can be modified or changed. Such modifiable risk factors include being overweight or obese, being physically inactive, and smoking. It is daunting to think that children today may be the first generation to see a declining life expectancy due to increasing risk factors such as obesity and lack of physical activity, which inevitably contribute to earlier onset of chronic diseases such as Type II Diabetes and high blood pressure. Declining immunization rates in a population can lead to resurgence of diseases such as mumps, measles, and pertussis which have previously been controlled."[2] More emphasis needs to be placed on the promotion of wellness and on preventing or delaying chronic diseases. Doing this will improve the quality of life of Islanders and reduce the impact these chronic diseases have on individuals, families, communities and the health-care system. Because many of the determinants of health lie outside the reach of the health system, the public needs to be encouraged to take measures that will assist in maintaining a healthy lifestyle.

The need for a focused emphasis on the wellness of Islanders is highlighted even more by some of the PEI Health trends reported in the recently released *"Promote, Prevent, Protect – PEI Chief Public Health Officer's Report and Health Trends 2012"*. Some areas of concern included:

- By 2040, 1 in 3 Islanders will be over the age of 65. The current ratio is 1 in 5.
- Islanders are less likely than other Canadians to consume 5 or more fruits and vegetables per day.
- More Islanders are likely to be obese than Canadian counterparts.
- Islanders are less likely to be physically active than Canadians in other provinces.
- More Islanders report heavy drinking than other Canadians.
- Islanders are more likely to suffer from "any chronic condition" than Canadians overall.
- Islanders (aged 50 to 74) are less likely than their Canadian counterparts to be screened for colorectal cancer by either FOBT or colonoscopy/sigmoidoscopy.
- One in every 5 Islanders has been diagnosed with hypertension.
- One in every 10 Islanders has been diagnosed with asthma.
- The proportion of Islanders being diagnosed with COPD has been increasing since 2000.

[2] Promote, Prevent, Protect – PEI Chief Public Health Officer's Report and Health Trends 2012, March 2012. Department of Health and Wellness, Chief Public Health Office.

The focus of public health intervention is to improve health and quality of life through the prevention and treatment of disease and other physical and mental health conditions, through surveillance of cases and the promotion of healthy behaviors. Promotion of hand washing and breastfeeding, delivery of vaccinations, and programs to control the spread of sexually transmitted diseases are examples of common public health measures. There needs to be an increase in prevention/wellness health promotion messages, such as: helping people learn and practice healthy ways of living; promoting the importance of immunization; and, emphasizing the importance of proper antibiotic use. There is also a need to explore other mechanisms of reaching the public such as the use of new media tools.

Strategic Priorities and Key Actions

To address the existing challenges and prepare for the future, several key strategic priorities must be accomplished over the next 24 month period. These are identified in Figure 10.

Figure 10: Strategic Priorities for Pillar #4 Working with the People of PEI

Strategic Priorities for Working with the People of PEI

- ☑ **Change the expectations of the public in regards to delivery of health care services.**
- ☑ **Establish prevention and wellness as a priority.**

In addition to the strategic priorities, several key actions were identified by the divisions that are currently being addressed or have been identified as divisional priorities. These key action items are included in Figure 11.

Figure 11: Key Action Items for Pillar #4 Working with the People of PEI

Proposed Key Action items for Working with the People of PEI

- ☑ **Engage the public in conversations about health care policy.**
- ☑ **Share progress and achievements on initiatives, stories on our physicians and their practices, experts and other service providers including nurse practitioners, nurses, psychologists, etc. and the successes of the general public.**
- ☑ **Communicate to the general public on the collaborative model of care and what it means to them in receiving health care.**
- ☑ **Inform the general public on the impact certain decisions have on a publicly funded health care system and future health care costs.**
- ☑ **Every two years, publish Chief Public Health Office report including: health trends, chronic disease, communicable disease, vaccine preventable illness, immunization, and needle exchange program reports.**
- ☑ **Develop a strategy to communicate key messages to Islanders using social marketing and technology as well as other age appropriate communication tools.**
- ☑ **Develop positive and inspiring messages to promote health and wellness and disease prevention.**
- ☑ **Update Department of Health and Wellness website to reflect current departmental roles and responsibilities.**

Pillar #5
Strengthening Our Internal Organization

Background

During the past five years, the Department of Health and Wellness has undergone several structural and leadership changes. The creation of Health PEI resulted in a number of staff who had been part of the Department moving to the new organization. Staff reside in different buildings and on different floors which can impede interaction amongst divisions. In meeting with various representatives of Health and Wellness it was identified that there is an opportunity now to improve overall cohesion and that the Department-wide meeting held in December of 2011 was the first such interaction since the reorganization of the Department.

Rationale for Priority Areas

Understanding of Departmental Roles and Responsibilities

It was identified during consultations with Department staff that there is a lack of clarity around the roles and responsibilities assigned to the Department and Health PEI. The *Health Services Act* defines the roles and responsibilities of each entity, however the policies and processes for interaction have not been formalized and what is occurring is based on informal practices and relationships that have existed in the past.

Internal Communication and Culture

Department staff have indicated that several reorganizations have resulted in challenges related to the morale of staff and culture of the organization. They also expressed concern about the loss of corporate knowledge that has occurred with Department/Health PEI reorganization and the continuing loss that will occur without proper succession planning.

There is a need to improve internal communication between divisions to increase knowledge and awareness of what is happening within the Department and to provide the ability to collaborate more easily on achieving Department goals and objectives. Suggestions included:

- Developing a wellness culture internally (healthy meetings policy, encourage staff networking)
- Publicizing more good news stories (results of initiatives, expertise)
- Developing an internal communication plan
- Increasing opportunities for networking and interaction through: (1) staff days to allow for greater collaboration and communication between staff in various units and locations; (2) regular divisional team meetings and staff meetings; and, (3) social/wellness activities
- Expanding the Health Management meeting agenda to include an opportunity for communication between divisions
- Increasing the understanding of the role the division plays in overall department goals
- Engaging staff in the action plan to achieve overall results
- Hiring a social marketer that could serve a dual role with internal and external communication

The Department-wide meeting in the fall of 2011 and the subsequent process used in the development of this business plan were viewed as being very positive and an important first step in improving internal communication.

A recognition, reward and celebration system is required to acknowledge achievement and foster innovation within the organization, at the Department, division, team and individual levels. Comments around this type of system included:

- Any new initiatives would have to be developed and implemented recognizing the challenges within a unionized environment.
- Recognition that work life balance contributes to job satisfaction and studies show that productivity is improved with higher rates of job satisfaction.
- Recognizing fiscal restraint; there should be continued acknowledgement of the value of benefits such as training and teambuilding opportunities, education and development, and the ability to work independently.
- Accountability and performance management should include recognizing successes and development professionally.

Innovation is the driving force that moves organizations and individuals forward and is absolutely crucial in today's society with the frequency of change. Continuing to do things in the same way with today's pace of societal change actually results in an organization falling further behind rather than maintaining pace. However, it is important that innovation in the context of health be balanced with the need for evidence-based decision making, as based on national guidelines and the best information available. To keep innovation at the forefront there is a need to establish a mechanism for fostering innovation within the Department. Critical aspects were suggested such as:

- An environment that motivates and promotes the generation of new ideas,
- Creative time to foster new ideas,
- A process for assessing and implementing,
- Opportunity for pilot projects,
- A mechanism for evaluating the success of innovative ideas, and
- Designated funds to implement an innovation strategy.

Human Resource Alignment

Challenges with respect to alignment of human resources with strategic priority areas and having the human capacity to achieve the goals within the timelines established were addressed during the consultations. Comments related to human resource capacity focused on:

- The importance of the structure of the Department following the form of the strategic priorities was identified as a key consideration in developing this plan.
- Concerns about recruitment, retention and lack of succession planning were expressed.
- Concern about key positions such as the Director of Health Systems Planning and Development not being staffed and limited human resource capacity in some areas to meet mandated and public expectations.
- A recognition that Department budget cuts without corresponding workflow adjustments has meant challenges with respect to staff morale and corporate culture.

A human resource plan is required for the Department that addresses issues such as retention and succession planning. Retention will need to address areas such as proper resources for identified strategic priorities and legislative requirements, salary levels, a professional development plan for staff, and quality of work life.

Implementation Process

A review of past documentation and discussions with the divisions has indicated that many of the identified priorities have been discussed in the past. Department reorganizations, restructuring of the health system and changes in leadership and staff have presented challenges in moving forward. Turning strategic priorities into actions and ensuring success criteria are achieved will require a process that holds divisions and individuals accountable for the achievement of the identified priorities and actions. Staff engagement and motivation will be important to maintain focus on the priorities. An

implementation and accountability process will be a key component of the Department's success in achieving strategic priorities over the next 24 months and in moving to a more proactive environment to address challenges and maximize strengths.

Strategic Priorities and Key Actions

To address the existing challenges and prepare for the future, several key priorities must be accomplished over the next 24 month period. These are identified in Figure 12.

Figure 12: Strategic Priorities for Pillar #5 Strengthening Our Internal Organization

Strategic Priorities for Strengthening Our Internal Organization

- ☑ **Ensure consistent Department-wide understanding of roles and responsibilities between Health PEI and the Department.**
- ☑ **Improve internal communication and culture by providing opportunities for interaction, collaboration and sharing of knowledge.**
- ☑ **Align human resources with strategic priorities through development of a human resource plan to address retention including proper resourcing and succession planning.**
- ☑ **Implement a process for ensuring successful implementation of this business plan.**

In addition to the strategic priorities, several key actions were identified by the divisions that are currently being addressed or have been identified as divisional priorities. These key action items are included in Figure 13.

Figure 13: Key Action Items for Pillar #5 Strengthening Our Internal Organization

Proposed Key Action Items for Strengthening Our Internal Organization

- ☑ **Provide clarity of roles and responsibilities with the Department's divisions.**
- ☑ **Develop a strategy and launch an internal wellness initiative.**
- ☑ **Develop a recognition, reward and celebration system to acknowledge personal, divisional or Department-wide achievements.**
- ☑ **Develop and implement an innovation system within the Department to motivate and promote the generation of new ideas.**
- ☑ **Develop an internal communication plan with a view towards increasing internal networking and collaboration and the use of communications technologies.**
- ☑ **Share good news stories on results of initiatives, expertise added, and other relevant matters internally.**
- ☑ **Profile divisions in department newsletter and highlight various partnerships with Health PEI.**

Process

Turning strategic priorities into actions to ensure success is achieved will require a process that holds divisions and individuals accountable for the achievement of the identified goals. Staff engagement and motivation will be important to maintain focus on the priorities. An implementation and accountability process will be a key component of the Department's success in achieving strategic priorities over the next 24 months and in moving from a reactive environment to one that is proactive in addressing challenges and maximizing strengths.

Addressing all the strategic priorities and action items in this plan is an ambitious goal; however division leaders and all staff appear to be fully engaged. There is also a strong belief and sense of optimism internally that with a cohesive implementation strategy; this will be a successful initiative.

Figure 14 describes a recommended implementation process and Figure 15 demonstrates an example of a planning and results tracking tool that could be utilized.

Figure 14: Implementation Process

1
- Overall implementation will be led by the Deputy Minister.
- The Senior Management Team will oversee cross-departmental working teams.
- Senior management will consider engaging an external expert to (a) work with the teams/oversee the entire process, (b) ensure consistencies in approach, and (c) to coordinate all meetings and reporting.
- Develop a tool/scorecard for taking action and tracking results. (See Figure 15).

2
- Each team refines action items and assigns responsibilities to individuals (team work plans).
- Teams hold regular meetings and establish quarterly goals.
- Review and update goals/action items as required (this is a living document).
- Compare results vs. scorecard.
- Team spokesperson presents results to department (biannual).

3
- Annually assess progress on each strategic priority within each pillar and previously established quarterly goals.
- Document progress on previously established quarterly goals.
- Discuss challenges and suggestions for addressing.
- Revise/refine strategies and update action items.
- Share best practices.
- Ensure all staff are engaged and feel involved/informed.

4
- At the end of year one, modify timelines and overall plan for 2013/2014, if required.
- Adjust action items, as required.
- Change membership in working teams, if required.
- Hold each other accountable.
- Celebrate success!

Figure 15: Planning and Results Tracking Tool

STRATEGIC AREA		OBSTACLES	STRATEGIES	TARGET RESULTS
GOAL				
TODAY'S DATE				TARGET DATE